

<b>Case Number:</b>	CM14-0062861		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/16/2005
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47year old female with a work injury dated 9/16/05. The diagnoses include cervical discopathy with radiculitis; right wrist sprain/strain; lumbar discopathy with radiculitis and facet arthropathy; right knee medial meniscus tear with Baker's cyst and chondromalacia patella; right foot/ankle sprain/strain with MRI evidence of multiple cysts in the right foot. Under consideration are requests for Cyclobenzaprine, Ondansetron; Tramadol; Terocin Patch. The patient is having increasing symptomatology in the lumbar spine, including the cervical spine with chronic headaches, tension between the shoulder blades, and migraines, as well as the bilateral knees. Examination of the cervical spine reveals tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver are positive. There is limited cervical range of motion. Examination of the right wrist remains unchanged. There is positive Tinel's and Phalen's sign. There is pain with terminal flexion. Examination of the lumbar spine reveals tenderness at the lumbar paravertebral muscles. There is pain with terminal motion with limited range of motion. Seated nerve root test is positive. Examination of the right knee reveals tenderness at tile right knee joint line. There is a positive McMurray's sign. There is a positive patellar compression test. There is pain with terminal flexion. Examination of the right foot and ankle remains unchanged. There is tenderness around the anterior talofibular ligament. There is residual pain with supination and eversion. Anterior drawer test is negative. There are no signs of instability. The treatment plan includes the medications under consideration and physical therapy as well as Naproxen, Omeprazole, Sumatriptan.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cyclobenzaprine HCL 7.5mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 64.

**Decision rationale:** Cyclobenzaprine HCL 7.5mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The request for #120 suggests that this medication will be used for longer than 2-3 weeks. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine 7.5mg #120 is not medically necessary.

**Ondansetron ODT 8mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antiemetics (for Opioid Nausea).

**Decision rationale:** Ondansetron ODT 8mg #60 is not medically necessary per the ODG guidelines. The MTUS does not address Ondansetron. The ODG state that Ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Ondansetron has an acute use for FDA-approved gastroenteritis. The documentation does not indicate acute gastroenteritis, nausea from chemotherapy or radiation or post-operative use of this Ondansetron. The request for Ondansetron is not medically necessary.

**Tramadol HCL ER 150mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** Tramadol ER 150mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that when a patient is on opioids a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes long pain

relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. Additionally the guidelines state that "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) should be documented. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation does not indicate evidence of the monitoring of the 4 A's or functional improvement. The request for Tramadol ER is not medically necessary.

**Terocin Patch #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Methyl Salicylate Page(s): 112, 105.

**Decision rationale:** Terocin Patch #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The Terocin patch contains menthol and Lidocaine. Menthol is not specifically addressed in the MTUS but is an ingredient in methyl salicylate products such as Ben Gay which is supported by the MTUS. The guidelines state that Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. The documentation is not clear on whether the patient has had a trial of first line therapy for neuropathic pain prior to attempting a patch with Lidocaine. There is no evidence of oral medication intolerance. The requests for Terocin patches are not medically necessary.